

[N^o. I.]

[JAN. 14.]

By Authority.



THE
CHOLERA GAZETTE,

CONSISTING OF

DOCUMENTS

COMMUNICATED BY THE

CENTRAL BOARD OF HEALTH,

WITH

INTELLIGENCE RELATIVE TO THE DISEASE,

Derived from other Authentic Sources.

SECOND EDITION.

LONDON:

PUBLISHED BY S. HIGHLEY, 32, FLEET STREET,
OPPOSITE ST. DUNSTAN'S CHURCH;
MACLACHAN AND STEWART, EDINBURGH; AND HODGES AND SMITH, DUBLIN.

[Price One Shilling.]

The CHOLERA GAZETTE FRANKED to any part of the United Kingdom. Orders to be addressed, post paid, to the Publisher, with reference for payment to a House in London.



OF THE CITY OF LONDON

AND OF THE CHURCHES THEREOF

BY JOHN STOW, Citizen and Habitant of the said City.

Printed by I. I. and J. W. at the Sign of the Gun, in St. Dunstons Church-yard.

1633.

CONTENTS OF THE CHOLERA GAZETTE.

No. I.—Jan 14.

	PAGE.
Document on Quarantine transmitted by the Central Board of Health to the Lords of the Privy Council	1
Dr. Christison's Letter, detailing arrangements made in Edinburgh for the investigation of Cholera	7
Sanatory Measures adopted by the Bottle Works' Company, Sunderland	8
Return of Burials in the Parish of St. Mary's, Gateshead, for Dec. 1830 and 1831	9
Dr. Macann's Report from Sunderland	10
Series of Cases of Cholera apparently propagated by Contagion	11
Dr. Lindsey and Dr. Macann on the use of Mustard Emetics	14
Dr. Lindsey's additional Remarks	18
Sanatory Recommendations by the Board of Health	19
Letter from Newcastle	ib.
Case of Cholera at Doncaster	ib.
Alleged Premature Burial at Haddington	21, 35
Mr. Greenhow's Return of Cases of Cholera at Newcastle	23
Mr. Mayson's ditto ditto, North Shields and Tynemouth	24
Report on the Reputed Disinfecting Agency of Chlorine Gas	26
Details of a Case of Cholera at Haddington	29
Ditto, ditto, Morpeth	30
Report from Newburn	31
Total Report of Cholera Cases to Jan. 14	32
Supplement and Introductory Remarks	33
State of the Public Health	36

No. II.—Jan. 28.

Treatment of Cholera—Selection of Cases reported to the Central Board of Health	37
Dr. Macann on the Employment of Tobacco Injections	42
Summary of Tabular Reports from Newcastle-upon-Tyne	43
Queries issued by the Central Board of Health	45
On the Treatment of Preliminary Diarrhœa.—Report by Dr. Macann.—Resolutions of the Boards of Gateshead and Tranent.—Form of Handbills, &c.	47
Dr. Macann's Report from Houghton-le-Spring	51
Letters from Mr. Caton	52
Dr. Gregory's Essay on the period of Incubation of the various Morbific Germs	54
Correspondence and Reports on the Cholera at Tranent	64
Communications from the Board of Health of Musselburgh	67
Organization of Cholera Hospitals in London	70
Removal of Paupers	ib.
Total Report of Cholera Cases up to Jan. 28	71
Mr. Melin's Report on the Treatment of Cholera	72
Second Irruption of Cholera in Cronstadt	78
Sir W. Beatty on the Efficacy of Bark and Capsicum, as Preventatives against Epidemic Diseases	ib.
Cases of Cholera at Hawick	79

CONTENTS OF THE CHOLERA GAZETTE.

No. III.—Feb. 11.

	PAGE.
Mr. Baird's Cases of Cholera, treated by Tobacco Injections	81
Quarantine Cholera Reports	93
Renewed Irruption of Cholera at Haddington	104
Communication respecting the Case of Cholera at Leith	105
Report of the early Cases of Cholera at Hawick	<i>ib.</i>
Premonitory Diarrhœa at Hetton	107
Report of Edinburgh Board of Health	<i>ib.</i>
Report of Whitechapel Board of Health	112
Death of Mr. Caird	113
Report of Cholera Cases up to Feb. 11	114
Supplement—Remarks on Quarantine Reports	115
Investigation of Suspicious Cases in London	116
Dr. Gibson's Report on Treatment of Cholera	122
Letter from Dr. James Johnson on Mustard Emetics	125
Letter from the Vestry of Rotherhithe	127
Medical Report of the Case of John James. Dissection, &c.	128
Meeting of the Vestry at Limehouse. Local Sanatory Measures	130
Medical Report of Three Fatal Cases in Limehouse	131
Medical Report of a Fatal Case in Bear Garden, Southwark, Dissection, &c.	132
Warrant of the Privy Council, appointing a Board of Health at Limehouse	<i>ib.</i>
Official Bulletin of Total Number of Cases in London	133
Appointment of District Medical Inspectors	134

No. IV.—March 3.

Dr. Bartlett's Report of Case of Charles Connell	135
Dr. Gregory's Report on ditto	137
Sir W. Russell's Report on ditto	138
Post Mortem Examination	139
Dr. Gregory's Report of Two Cases at St. Pancras	140
Extract from a subsequent Report by Dr. Gregory	141
Dr. Gregory's Report of Four Cases in St. Giles's	142
Dr. Pinckard's Report of Two Cases in ditto	<i>ib.</i>
Post Mortem Examination by Dr. Reid	143
Dr. Anderson's Report of Nine Cases in Limehouse	144
Dr. Green's Report of the Case of Mr. Lawrie	147
Mr. Millard's Report of Cases in Southwark	149
Ditto, Second Report	151
Post Mortem Examination	152
Dr. Lindsey's Report of Case of Sylvanus Kain	153
Post Mortem Examination	154
Mr. Jenkin's Report of Case of William Clapham	<i>ib.</i>
Mr. Fanbank's Report of Case of John Salmon	15
Dr. O'Shaughnessy's Report of Cases at Newington	156
Case and Dissection on Board His Majesty's Ship Dover	158
Drs. Daun & Macann's Report on the Case of Mrs. Clarke	160
Dr. Arthur's Report from Glasgow	<i>ib.</i>
Professor Delpœch on the Pathological Condition of the Ganglionic Nerves in the Malignant Cholera	162
Dr. Venables' Essay on Malignant Cholera	170
Orders in Council	178
Instructions addressed by the Central Board of Health to the Medical Superintend- ants of the Metropolitan Districts	179
Report of Cholera Cases up to March 3	182



By Authority.

THE
CHOLERA GAZETTE.

No. I.] LONDON, JANUARY 14. [1832.

DOCUMENT TRANSMITTED BY THE CENTRAL BOARD OF
HEALTH TO THE LORDS OF HIS MAJESTY'S MOST HON-
OURABLE PRIVY COUNCIL.

*Central Board of Health, Council Office,
Whitehall, 4th January, 1832.*

QUARANTINE.

Reasons founded on authentic facts in the History of Spasmodic Cholera, for establishing a Specific Code of Sanitary Restrictions for that Disease, considered independently of Plague, Yellow Fever, and other Infectious Maladies.

1. If the sole object of sanitary police were to protect communities, at all risks, from being infected by their neighbours, medical science need not be consulted; as an absolute cessation of intercourse with the suspected would be the only measure necessary.

2. But as such a measure would be nearly, if not altogether, impracticable, under the present circumstances of society, it is essential to endeavour to determine the point of time at which the danger of infection by any particular disease ceases, and consequently the period at which free intercourse may be resumed with those who had been thought capable of communicating that disease to others.

3. When sanitary police was first established, Spasmodic Cholera was unknown, and medical science in Europe was but little advanced. The very word *Quarantine*, and the forty days'

restraint which it indicates, do not seem to have been derived from a well-authenticated knowledge of the individual sanitary histories of the diseases against which the restriction was first directed, and has since been kept up, partly from ill-defined apprehension, and partly from reverence for old institutions. It must however be allowed, that a much longer separation from suspected persons is called for in diseases in which infective matter is proved to be generated, and thrown out upon the surface of the body, and upon the clothes, as in plague and small pox, than where no such matter is generated.

4. Yet it is certain, that even in these last diseases the maximum of the period of incubation, or interval between the reception into the system, of the infective germ, and the manifestation of the symptoms, does not exceed one third of the quarantine founded on the doctrines of Fraecastorius, and the sanitary laws of the 16th century.

5. The utmost length of time during which the safety of the public health absolutely requires sanitary precautions as to persons, or effects, supposed capable of communicating the infective germs of any given disease, ought to be determined by what experience in that disease may have established on the following questions, viz.

First. What is the longest interval of time between the reception of the infective germ into the constitution, and the manifestation of the first symptoms of the disease?

Second. The period during which an individual may retain the power of infecting others with the disease from which he is himself convalescent?

Lastly. The capability of certain classes of merchandise to retain, and afterwards to communicate, the germs of the malady?

6. Numerous and authentic data, tending to elucidate these three questions, so far as they regard spasmodic cholera, have been furnished by the extensive prevalence of that disease, since 1817, in our East India possessions; by our commercial intercourse with Russia, Prussia, and other infected countries on the continent of Europe; by the recent investigations of the medical commissioners sent to these countries from different governments; and finally, by the laborious and accurate observations of the most enlightened physicians of the countries where the disease has prevailed, or is now prevailing.

FIRST QUESTION.—*Period of Incubation.*

7. The following are a few of the many facts which seem to settle this period with tolerable accuracy.

“The subsidiary force under Colonel Adams, which arrived *in perfect health* in the neighbourhood of a village in India, infected

with Cholera, had 70 cases of the disease the night of its arrival, and 20 deaths the same day.”*

8. “His Majesty’s 54th Regiment landed at Madras on the 10th of May, in a remarkably healthy state, after a voyage of 48 days from the Cape of Good Hope, and marched into quarters in Fort St. George. Cholera appeared amongst the men within three days after their landing.”†

9. “In eighteen vessels which arrived in England, between 26th May and 24th Sept. from infected ports in the Baltic, (each vessel having had one or more cases of Cholera on the passage), the greater number of attacks took place previously to the *fourth*, and only one attack so late as the *sixth* day of sailing.”‡

10. Dr. Becker, of Berlin, gives the subjoined statement in his Report.§

“From August 29th to September 26th, there have been reported cases of Cholera in Berlin, 770.

“During that period, a second case has happened in the same house where one case had been reported,

	Times.
After one day	65
” two days	34
” three days	23
” four days	16
” five days	21
” six days	7
” seven days	3
” eight days	2
” nine days	0 ”

11. The British Medical Commission lately returned from St. Petersburg, after detailing a series of cases upon this point, concludes thus:—

“That in the above cases, in all of which the time intervening between an only exposure to infection and the subsequent development of the disease was most accurately marked, the period of incubation ranged between one and five days.”

12. The Genoese Medical Commission sent to Hungary and Vienna, to study the nature and history of Spasmodic Cholera,

* See Bengal Report, pp. 22, 23. Many other strong facts of a similar nature, will be found in that able work.

† See Madras Report, page 22.

‡ See Papers on Cholera, published by authority of the Lords of the Council, p. 62.

§ Ibid.

|| Other sources of infection were open to all these persons, but the very great proportion of attacks (159 out of 171) having taken place within the first five days, furnishes, if not direct proof of, at least a strong presumption as to the period of incubation.

state in two distinct reports to the Sardinian Government, their decided conviction, derived from protracted observation and personal experience in Cholera Quarantine Establishments, that those who have absorbed the germs of the disease, are generally attacked before the *third*, and always before the *fourth* day.*

13. The Board are aware that accounts have emanated from respectable sources, of persons having been seized with Cholera many days after their departure from infected places; but as the history of these individuals during the interval between the supposed last exposure to infection, and their subsequent attack, does not appear to have been accurately noted, and as even these instances are very rare, the Board would not feel themselves justified in allowing their opinions to be influenced by such insulated statements.

14. It appears then, with regard to the first question, to be clearly established, that the longest interval between a well authenticated latest, or only, exposure to the infection of Spasmodic Cholera, and the subsequent manifestation of that disease in a susceptible person, has been *from five to six days*.

SECOND QUESTION.—*Length of Time during which persons convalescent from Cholera may retain the capability of infecting others.*

15. In a sanitary point of view persons recovering from any disease, cannot be contemplated independently of their clothes, bedding, and other susceptible personal effects.

Whenever persons unaffected themselves with Cholera, (whether convalescent or not,) have been conductors of the germs of the disease from the sick to the healthy, the latter have always been attacked within the period of incubation already specified.

16. The Genoese physicians already quoted, state that in *the Cholera Quarantine Establishments*, which they had such ample opportunities of observing, no one was ever attacked after the sixth day.

17. No ship has ever arrived in this country from India, since the first appearance of the disease there, nor within several thousand miles of our shores, with the disease or its germs on board, although 103,376 bales of cotton wool have been imported from that country within the last three years.

18. No individual has ever been attacked on board ship south of the Baltic, on the passage home, nor in any of the Quarantine Establishments in England, since Cholera first broke out on the shores of that sea.

19. But as a single well-authenticated instance of Cholera having

* See the Report of the Genoese Board of Health.

† See Papers on Cholera, published by authority, p. 53.

been communicated to a healthy community, by persons recently recovered from the disease, or by their effects, would be enough to demand quarantine precaution to the amount, at least, of something above the longest interval between the recovery of the one, and the first appearance of the disease amongst the other party; and as there is reason to believe that the first case of declared Cholera at the Mauritius, in 1819, did not occur before the 15th day from the arrival at that island, on the 29th October, of the "Topaze" frigate, and the landing of her sick, after having had several cases of Cholera on the voyage from Trincomalee, which place she quitted on the 9th of the same month; * and as the data which tend to determine the period indicated in the second, are by no means so numerous nor so precise as those which bear upon the first and third questions; and as that period must be considerably modified by the conditions under which the recovering, or recovered person or persons are placed with reference to cleanliness, ventilation, food, &c.; and as precaution naturally increases with undefined apprehension; the Board, until more precise facts on this question can be obtained, must consider persons ascertained to be but just convalescent from Cholera, as coming under the most aggravated circumstances of a foul bill of health.

THIRD QUESTION.—*Capability of merchandize to convey, and afterwards communicate, the infectious germ of Cholera.*

20. There is perhaps no question in the whole range of sanitary police, on which so many and such irrefragable facts can be brought to bear, as on this; derived too from the most authentic and recent sources.

Seven hundred and thirty ships loaded with hemp and flax from infected parts of the Baltic, arrived at the different quarantine stations in this country between the 1st of June and the 31st of December, 1831.

Many vessels also arrived laden with wool and hides, yet not a single case of Cholera occurred on board any of these ships outside the Cattegat Sea, nor amongst the people employed in opening and airing their cargoes in the Lazarets.

21. At the hemp and flax wharfs in St. Petersburg, where several thousand tons of these articles arrived during the spring and summer of this year, from places in the interior, where Cholera existed at the time of their departure for the capital, the persons employed in bracking or sorting, and who generally passed the night amongst the bales, did not suffer so early in the season, nor so severely as other classes of the general population.

* See the journal of the surgeon of the ship, (Mr. Foy), Medical Gazette, November 19, 1831, p. 226.

The same observation holds good with respect to all the rope walks of St. Petersburg, and the imperial manufactory of linen cloth at Alexandrofsky, where all the yarn used is spun from flax, bracked and hackled on the spot.

22. Struck with the importance of the above, and other similar and authentic facts connected with the sanitary history of Cholera;

Holding in view also the unnecessary embarrassments to every kind of intercourse caused by the adoption of plague-precautions against individuals, communities, and merchandize, affected with or suspected of Cholera only;

The strong inducements to elude sanitary restrictions furnished by their own severity;

The inefficiency of cordons by land, from the impossibility of their being made perfect, except by a system of coercion, entailing greater evils than the disease itself;

The panic, and other dangerous moral, as well as physical, effects, caused by vexatious insulations of families and communities;—

Some of the most commercial nations of Europe, as well those still exempt from, as those already infected by, Spasmodic Cholera, have lately reduced, very considerably indeed, the quarantine restrictions which they had hitherto directed against that particular disease.

23. Lubeck, a territory perfectly exempt from Cholera, reduced its quarantine upon persons and merchandize arriving from infected ports, first, from forty-one to twenty-one, and then to ten, days.

24. A similar reduction has taken place at Copenhagen.

25. In Prussia, persons and merchandize from infected places are subjected to a detention of only five days.*

26. The Board of Health at Genoa have modified their Quarantine Code, taking as the basis of their new arrangements the maximum of the period of incubation of Cholera, as determined by their own medical commission already quoted.

27. Guided by what experience has already established as to the laws which seem to regulate the propagation of Cholera; and having in view the enlightened decisions which the sanitary authorities of other countries have come to on this subject; the Central Board of Health feel themselves justified in giving it as their opinion:

1st. That the maximum of sanitary restriction, or quarantine of observation, for an individual in health, but suspected of carrying the infective germs of Spasmodic Cholera, as yet latent in his organization, need not exceed ten days.

* See Prussian State Gazette, 26th September, 1831.

2nd. That the period of separation from the healthy, of an individual ascertained to be but just convalescent from Cholera, need not exceed twenty days.

3rd. That ordinary Diarrhœa, continuing one or more days, being often the first symptom of Cholera; persons arriving from infected places, labouring under even the mildest degree of purging, should not be admitted to free pratique, before the eighth day after perfect recovery from the same.

4th. That the clothes, bedding, effects, and sleeping places, of all persons on board vessels from infected ports, ought to be opened, aired, and purified, during three days after their arrival, although the length of the voyage may have exceeded the period of quarantine adjudged in such cases to healthy ships and unsusceptible cargoes.

5th. That the longest period of detention for airing and purifying merchandize of the most susceptible class, and arriving under the most suspicious circumstances, need not exceed fifteen days, to be counted from the day on which the airing may *bonâ fide* have commenced.

Finally. The Board see no reason to believe, that the above suggestions, directed against Spasmodic Cholera alone, require any modification in reference to climate.

(Signed) E. STEWART, *Chairman.*

WILLIAM PYM, *Superint. Gen. of Quarantine.*

J. MARSHALL, *Lieutenant-Colonel.*

WILLIAM RUSSELL, *M. D.*

D. BARRY, *M. D.*

LETTER FROM DR. CHRISTISON, DETAILING ARRANGEMENTS
MADE IN EDINBURGH FOR THE SCIENTIFIC INVESTIGATION
OF CHOLERA.

Edinburgh, 3, Great Stuart-street, 29th December.

SIR,

I AM requested by the Medical Members of the Edinburgh Board of Health to state to you, for the information of the Central Board, that among the arrangements which have been made here against the Cholera, they have thought it their duty, in addition to other departments committed to their care, not to neglect the preparations which are necessary for a full scientific inquiry into all professional and statistical points connected with the disease, in case it should appear in this city. The Board of Edinburgh have felt, that a thorough inquiry may be naturally expected by the public to be entered into in this city, where so many persons are to be found, both competent for the task and willing to undertake it; and the Medical Department of the Board has, therefore, been composed of members of the

Colleges of Physicians and Surgeons, carefully selected in part for this purpose.

The duty of collecting and digesting the information to be communicated by the district medical officers and others, has been thus arranged.—Dr. Davidson, late President of the College of Physicians, and Mr. Hamilton Bell, author of a recent work on Cholera, are to take charge of the department of the symptoms and treatment. Dr. Alison, Professor of the Theory of Medicine in the University, with Dr. Gregory, Physician to the Infirmary, will superintend the directions and general department of pathological anatomy. The duty of looking after the statistical returns, and arranging and digesting them, has been entrusted to myself, as being a subject connected with medical police, one of the branches of my professorship in the University. The department of pathological chemistry has likewise been consigned to me. And the whole investigation will be superintended, and subsequently revised, by Dr. Abercrombie.

As we have every reason to anticipate cordial co-operation from the district physicians, and as, in addition to the gentlemen already mentioned, the medical department of the Board comprehends, as you will see from the list of its members, several eminent practitioners in the city, several distinguished army medical officers in the King's service, and others who held high situations in the medical service of the East India Company,—the Board are led to hope, that the disease will be completely investigated here in all its relations.

The medical members have requested me to express, through you, to the Central Board, their anxious desire to make themselves useful in this line of their duty, as well as in other departments of more immediate importance; and their hope, that the Central Board will be pleased to communicate, at their convenience, any suggestions which their previous experience may lead them to make for our guidance.

I have the honour to be,

Sir,

Your most obedient servant,

R. CHRISTISON.

MAJOR MACDONALD.

SANITARY MEASURES ADOPTED BY THE BOTTLE WORKS' COMPANY, SUNDERLAND.

Board of Health, Sunderland, 3d January, 1832.

SIR,

I AM also directed by the Board, to report to you, for the information of the Central Board, that all houses and dwellings, wherein Cholera has occurred in Sunderland, Bishop-Wearmouth, and Monk-Wearmouth, have been thoroughly and effectually cleansed and lime-washed: and that the Board are making every exertion to have the dwellings of every poor person (and of which a great number have also already been done) cleansed and purified in a similar manner. The bed-clothes and wearing apparel of persons dying of Cholera, have, in many instances, been wholly destroyed after death, and other articles

in lieu thereof have been furnished by the Board, to their surviving relatives.

I am likewise directed to report specially, the plan and arrangements which have been liberally and humanely adopted at Ayres Quay (which forms part of the outskirts of Bishop-Wearmouth), by the proprietors of the Bottle Works there, and which will be found in the extract from the minutes of the Board, which I have the honour herewith to sub-join. The Board confidently submit, that if similar arrangements were adopted and promptly acted upon in other towns and places, by individuals and companies employing large numbers of labourers, the same beneficial and sanitary results would ensue, as the Board trust, and have every reason to believe, have been produced in the instance now alluded to.

The following is the Extract from the proceedings of the Board, viz.—

“That the following communication was received from Mr. Habbard:—

“All the houses of the workmen employed by the Ayres Quay Bottle Company, fifty in number, have been three several times lime-washed. The occupiers do the work; the Company furnish the means, and the manager* superintends. The two houses in which Cholera deaths occurred, were washed a fourth time by the Bishop-Wearmouth washers.

(Signed)

“JOHN HABBARD.”

“To Mr. GEO. STEPHENSON,
“Sec. Board of Health.”

I am, Sir,

Your most obedient Servant,

GEO. STEPHENSON, *Sec.*

To W. MACLEAN, Esq.
Sec. to the Central Board, London.

NOTE OF BURIALS IN THE PARISH OF ST. MARY'S, GATESHEAD,
FOR THE MONTHS OF DECEMBER 1830 AND 1831.

RETURN, &c.			
December, 1830.		December, 1831.	
Adult Males	9	Of Cholera alone, Males,	17
— Females	2	Females,	46
Children	18	Total	63
Total	29	Of other diseases, Males,	12
		Females,	12
		Total	24

(Signed)

JOHN COLLENSON,

Rector of Gateshead, 31 Dec. 1831.

* Meaning the person having the general superintendence of the manufactory.

REPORT FROM DR. MACANN,
Medical Superintendent at Sunderland.

Sunderland, Jan. 1, 1832.

DURING the past week, from 25th to 31st December, *eight* new cases only of Cholera were reported at this place, and the deaths on the total number under treatment, viz. sixteen, amounted only to *five*. As during the preceding week the new cases amounted to twenty-seven, and the deaths to twenty-four, a very remarkable and happy change has, it appears, taken place in the state of the public health of this town,—a change, I may remark, not in any manner connected with any alteration in the temperature or other qualities of the air, of which our senses or our instruments have conveyed to us any knowledge.

As three cases only remain in our Report this day, two of whom are in the Hospital, and all doing well, it cannot be necessary for me to dwell any longer upon this subject.

Cholera Hospital.—One case of the disease was admitted here during the week; a female, Eliz. Hopper, aged 21. On Saturday, the 24th ult., her father died of Cholera. I visited him myself: and, a few hours before his death, saw the daughter in apparent good health, and in attendance upon him. Next day, Sunday, she was herself taken ill; cramps in the legs at first, then purging and deep prostration. So soon as I discovered her situation, I had her conveyed to the Hospital, where she now lies in fever, and will, I trust, do well.*

I have no hesitation in saying, that had this girl remained in the cellar whence I had her taken, (which was *not* the place her father had died in), she would have proved a source of disease and death to many others who frequented the same place.

In addition to other sanitary measures, the Board of Health last week voted a sum of money, 25*l.*, for the purpose of *bedding*, to be distributed in lieu of any destroyed or to be destroyed in houses or habitations where the disease has prevailed. This is a very important measure in my opinion, and one which ought long since to have been adopted, as one of the most effectual methods of destroying the germs of the disease.

Seaham.—On Wednesday, 28th ult., I visited this place for the purpose of ascertaining its state of health, and was happy to find no case of Cholera or other acute disease under treatment. I nevertheless thought it necessary to see the members of the Board of Health, and to give them some instructions as to the proper mode of proceeding in the event of the disease again appearing amongst them. Indeed, I find in every quarter that

* This patient ultimately did recover.

want of method, the inevitable result of ignorance and inexperience, has been the chief cause of most, perhaps nearly all, of the difficulties which I and others have had to contend with in this part of the country. Nor can any doubt be entertained but that the same want and similar difficulties will be experienced in every part of the kingdom, if timely measures be not adopted to *organise* in proper situations the materials from which, when the disease does appear, the Boards of Health and other necessary establishments must be formed.

I have the honour to be,

Sir,

Your very obedient servant,

FRS. MACANN.

WM. MACLEAN, Esq.
&c. &c. &c.

January 3.

P.S. Since the foregoing pages were written, (this Report has been unavoidably detained) one new case of Cholera has occurred and terminated fatally. The patient, a blacksmith, was a man of intemperate habits, and had two daughters, who have each in succession just passed through the disease. In them, however, it assumed a much milder character; he had attended both.

F. M.

LETTER FROM MR. PARSONS OF BIRMINGHAM, TO DR. GIBSON, NEWCASTLE, DETAILING A SERIES OF CASES WHICH OCCURRED IN SUNDERLAND, IN WHICH THE DISEASE WAS APPARENTLY PROPAGATED BY CONTAGION.

November 21.—WILLIAM KNELL, aged 30, a pilot, living in Mill-street. On the evening of November 20, he returned to his home, after having been out at sea; his clothes were then very wet, and he had fasted long. At nine o'clock in the morning of the 21st, he was out of his house; and soon after his return home he was attacked with Cholera. When seen about mid-day, his pulse was almost imperceptible, his hands and face blue, respiration difficult, countenance indicative of much depression, and eyes sunk; he had cramps, but the vomiting and purging with which the attack began had ceased. At two o'clock, P. M., he was removed to the Cholera Hospital, where he died tranquilly in the evening. At the commencement of his illness he was attended by his mother, Mrs. Knell, who resided sometimes with him, sometimes with her daughter, Mrs. Elliot, of Warren-street.

November 24.—ISABELLA ELLIOT, aged five years, a niece of the pilot, Knell, residing in Warren-street, was taken ill on Thursday morning (the 24th) with spasms, vomiting, and purging. She was seen at ten o'clock, A. M.; her extremities were then very cold, the

countenance blue, eyes deeply sunk, and vomiting of a fluid like rice-water continued. Brandy and small quantities of laudanum were given, and she was put into a warm bath.—Four o'clock, P. M., breathing difficult, temperature of the extremities and of the trunk increased, pain at the stomach, countenance still blue, but the expression intelligent; no cramps. A blister, or sinapism, was ordered to be applied to the epigastrium, but the parents would not have it done. The child took a solution of carbonate of ammonia.—Half-past ten, P. M., the circulation restored, colour of the countenance improving, skin warm. She was ordered some compound spirits of ammonia, magnesia, ginger, and two grains of calomel, every hour, and a warm water and turpentine injection.

November 25, at noon.—Skin warm, no vomiting, purging continued, countenance lively and expressive, but the eyes still sunk; other symptoms favourable.—Nine o'clock, P. M., eyes more lively, face flushed, surface hot, respiration free, pulse rapid, is restless and feverish. To be bathed with vinegar and water.

November 26, one o'clock, P. M.—Pulse quick, appears much improved. She has had an injection with turpentine, and taken rhubarb and magnesia.

November 27, ten o'clock, A. M.—Pulse quick, is restless, purging continues, conjunctiva injected.—Seven o'clock, P. M., breathing difficult, skin hot, spasms of the abdominal muscles, conjunctiva becoming opaque, lips dry, gums covered with black sordes. Died at four o'clock in the morning of Monday, the 28th.

November 28.—THOMAS ELLIOT, aged 34 years, a pilot, living in Warren-street, the father of Isabella E. At two o'clock on Monday morning (the 28th) he was visited by Mr. Torbock and Mr. Ainsworth. Elliot was then in a state of general collapse, eyes sunk, and turned upwards, features shrunk, lips dry, breath cold, feeble voice, no pain in the chest, stomach, or bowels; occasional purging, under which he almost expired; violent cramps in the legs, hands cold, and fingers shrunk in size; no pulse. Two large bladders of oxygen gas were administered by inhalation and half an ounce of liquor ammoniæ given, and the same quantity repeated in half an hour.—Ten o'clock, A. M., pulse now perceptible, cramps, vomiting, and purging ceased; extremities and surface of the body warm; countenance still collapsed; breathing difficult. He has had brandy, and heat applied to the body. Two o'clock, P. M., pulse increasing in rapidity; some fever.

November 29, ten o'clock, A. M.—The feverish state has increased in intensity, has pain in the head, and is restless.

November 30.—The fever has assumed the form of bad typhus; has passed no urine. Aperient medicine given to him.

December 4.—This patient gradually became worse, the delirium continuing, and the conjunctiva becoming much injected, but at no period was he unmanageable. On Friday night he sank into a state of coma, from which he was with difficulty roused. Nothing was done for him during the latter period of his illness, on account of the prejudices of his wife, who thought that a sinapism, which was applied

to the belly of her brother, the pilot Knell, killed him. Elliot died on Sunday night (Dec. 4), having passed no urine since the preceding Monday, when he was taken ill. Elliot, his wife, and four children, lived in a single room, an attic; both the parents slept with Isabella E. during her illness. On the 26th of November, the father was out at sea, and returned home very wet. On the 27th, he did not complain of illness, but was seized with Cholera in the following night.

December 7.—Mrs. KNELL, aged 66 years, residing now with her daughter, Mrs. Elliot, in Warren-street. She had been slightly ailing for the last week. At eight o'clock last night she was attacked with vomiting, purging, and cramps. The vomiting soon ceased, and there has been no purging since six o'clock this morning.—Twelve o'clock, her hands, legs, and body, generally cold, the nails blue, voice hoarse and feeble, countenance pale and collapsed, eyes sunk, no pulse; she lies quite motionless, but is sensible, speaking a little, but only when addressed. The temperature of her room was 77°, of her hand, 70°, of her mouth, 86. Brandy and ether were given to her, and heat applied to the body. No re-action took place, and she died at eight o'clock, P. M., remaining sensible almost to the last minute.

December 10.—ALICE STAFFORD, aged seven years, lives in Fisher's-row, and is a niece of the late pilots, Elliot and Knell. She was attacked with Cholera last night at eleven o'clock, having been previously in good health. The surface of her body very soon became cold, and the fingers and nails of an indigo colour. During the night she had vomiting and purging of white fluids, like thin gruel. Was attended by Mr. Cook, who administered the usual stimulants, as brandy, &c., and directed the diligent application of dry heat to the body. No reaction took place. Between nine and ten o'clock in the morning of the 10th she became insensible, and died at twelve.

MY DEAR SIR,

In addition to the five cases which I have now detailed, I may mention that another relative of this family fell a victim to the pestilence. The person was an uncle of the child, Stafford. He lived in Deaning-street, Bishop Wearmouth; was seized with Cholera on the 8th of November, and died after a few hours' illness. The terrible reports from Gateshead have produced no slight alarm in those who, at least in this town, had imagined that the inhabitants and the medical men of the country had been exaggerating in their accounts of the Cholera. At present the men of Newcastle do not appear to have been much more successful in their treatment of the disease than those of Sunderland.

Believe me, dear Sir,

Very truly yours,

GEORGE PARSONS.

Dr. GIBSON, Newcastle.

Birmingham, December 31, 1831.

EXTRACTS FROM A LETTER ADDRESSED TO THE CENTRAL BOARD OF HEALTH ON THE TREATMENT OF CHOLERA,* PARTICULARLY WITH REFERENCE TO THE USE OF MUSTARD EMETICS. BY DR. LINDSEY, DEPUTY INSPECTOR GENERAL OF HOSPITALS.

“As the Spasmodic Cholera, so far as my observations extend, is, (with occasional exceptions of *sudden* and *violent* seizures) preceded by certain premonitory symptoms, of which diarrhœa is the most prominent, and I believe an invariable one, although too often overlooked, it becomes of vital importance to attend to *every* case of purging that may occur, and to lose no time in arresting its progress by such means as may be best adapted to each individual case. Emetics will in most cases be found effectual.

“I am so fully persuaded of the good effects resulting from a *prompt* attention to the diarrhœa, that I firmly believe the actual choleric symptoms may, in a great majority of cases, be thereby averted. I could adduce several well authenticated cases in support of this opinion, they occurred in families where a number of persons had fallen victims to cholera, preceded by neglected diarrhœa.

“By treating other members of those families for that affection, the moment it occurred, (having previously directed their attention to the subject) they were, in every case of this description that came under my notice, exempted from the attacks which otherwise would have been inevitable.

“The fact of diarrhœa occurring as a preliminary symptom in this appalling disease, is, it is much to be regretted, too generally overlooked. It is seldom reported by the patient, and it is only ascertained to have existed by minute enquiries, when it is too late to profit by this information. I beg leave to quote one melancholy example, (out of many) confirmatory of my statement.

“Whilst at Sunderland and at Newcastle I endeavoured to impress on the unfortunate people who were exposed to the disease, the necessity of medical advice being afforded at the moment they felt any of the preliminary symptoms, and I had the satisfaction of knowing that my counsel was in many instances attended to.

“My friends, Dr. Macann and Mr. Melin, were also most strenuous in directing their attention to the same object, in

* The extracts marked with inverted commas have already appeared in the London Medical Gazette for January. They are reprinted here in order to illustrate the case of Tate, now for the first time published in sufficient detail.—ED. CHOL. GAZETTE.

which Dr. Brown, one of the leading physicians in Sunderland, most fully concurred, as also Mr. Frost, a very intelligent practitioner at Newcastle, who assured Mr. Melin and myself, that by carefully attending to his cases of diarrhœa, he had comparatively but few cases of Cholera in his district.

"I hope it will not be thought that I have dwelt at too great length on this point, which the importance I attach to it, has imperceptibly led me to do.

"It rarely occurred at Sunderland that medical aid was applied for until several hours had elapsed from the commencement of the attack. The seizures generally took place about two o'clock in the morning, and they were probably not visited before eight or ten, and often at a much later period. It is worthy of remark, that the deaths for the most part occurred about five o'clock in the evening.

"On my arrival at Sunderland, I suggested to some friends a trial of a mustard emetic in the early stage of the disease, as I had formed a favourable opinion of the effect of emetics in Spasmodic Cholera, and it occurred to me that mustard, from its stimulant qualities, seemed likely to be the most useful of this class of remedies. I found it had been recommended by Dr. Gibson before my arrival, but that it had not been put into practice by any of the medical men there. I soon had an opportunity of trying its effects in an incipient case of Cholera;* the result in this case induced me to prescribe it in other cases of an aggravated nature, of which the following may suffice to prove the efficacy of the remedy in giving an impulse to the heart and arteries, and bringing the diaphragm into full and vigorous action in the early stage of the disease, and before the stomach has lost its vitality."

Additional remarks by Dr. Lindsey.

"The following case is confirmatory of the power of *full* vomiting in restoring the circulation, when the disease is not already too far advanced for any remedies to act upon the stomach. The good effects which obviously resulted, suffice to prove the benefit which might reasonably be expected under more favourable circumstances, either from the attack being less malignant, or the treatment adopted at an earlier period of the disease. It may be observed too, that this practice, so far from being incompatible with other remedial means, and especially venesection, rather tends to facilitate their operation, and that the flow of blood will be rendered more certain and effectual, by the stimulus previously given to the circulation; while—and the remark is particularly important—it has the effect of emul-

* This was the case of Tim Wardle, given in the Medical Gazette for the 7th Jan. 1831.

ing the biliary ducts, and in all the cases described was followed by bilious stools. In corroboration of these views, I may add, that a practitioner at Sunderland, in extensive practice among the poor, informed me that, in consequence of my suggestion, he had used the mustard emetic in several cases with advantage, and generally with the effect of restoring the presence of bile in the evacuations.

“After the full operation of the emetic, I would recommend the exhibition of small doses of mustard, as a diffusible stimulus, for two or three hours, and this to be followed up by calomel in moderate doses, combined with a small proportion of opium, with a view of keeping up the action of the biliary system. It appears to be a peculiar feature of the malady in this country, to run on into consecutive fever, in those who survive its first onset, whatever treatment may have been adopted in the early stage; and we must then treat the disease on the same general principles by which we are guided in the treatment of other continued fevers, bearing in mind the more than usual tendency which exists to determination to the head, and consequent coma. I need scarcely say that external heat, particularly by sand-bags along the spine, and frictions assiduously applied to the surface generally, is essentially necessary during the stage of collapse.

“With regard to the dose of mustard, this must be regulated by the quantity necessary to produce its full operation. In some this is effected by two drachms, while others may require it to be repeated till two ounces have been taken. It is by no means however intended to recommend such quantities to be given. A table-spoonful, in six ounces of water, given in two separate doses, may be considered an average quantity; and as it is very disagreeable to most persons, the practitioner ought himself to see that it is actually swallowed.

“OWEN LINDSEY, M.D.”

Case of WM. TATE, aged 60, a Porter.

1. This man was brought into the Cholera Hospital at Sunderland, in the afternoon of Wednesday, the 14th December, (about 3, P. M.) having been given up for that purpose, as a desperate case, by the gentleman who had first been called to him.

From the accounts received at his residence, No. 15, Robinson-lane, it appeared that he had been attacked about twelve hours before, (3, A. M.) with vomiting and purging, and cramps in the legs and abdomen; that these affections had continued, recurring at intervals, with more or less violence, up to the time of his admission; and that he had received no medical aid of any kind.

At this time there was no pulse to be felt in any part of the body, the prostration also was extreme, and the whole countenance was ghastly and strongly indicative of suffering and distress—but the skin and tongue, though cold, were not remarkably so, neither had the surface as yet assumed a livid hue; the patient also could still be roused

when spoken to, and pressure upon the epigastrium shewed he was still sensible to pain.

Under these circumstances it was determined to administer the mustard emetic, and after some difficulty two drachms, mixed with about eight ounces of warm water, were got down.

In about ten minutes after this, during which time the patient lay perfectly quiet, a copious discharge took place from the stomach, the fluid ejected being, of course, deeply tinged by the mustard, and containing besides a considerable quantity of white flaky matter.

When the action of vomiting had ceased, and the patient was replaced in bed, it was observed, with satisfaction, that the countenance had assumed a less ghastly appearance, that the colour of the lips was returning, and that the pulse was to be felt at the wrists and other parts of the body; it was even soft, not feeble, and at 80.

Other remedies of various kinds might now have been given with ease; but medicines of any kind would have interfered with, or at least would have disguised, the effects produced by the mustard, and nothing therefore was exhibited but a little warm barley water, with a very small quantity of brandy in it; one-fifth part, or four ounces to one pint.

During the space of about fifteen minutes no change took place in the state of the patient, when he was suddenly attacked with cramps in the soles of the feet and calves of the legs; and so violently, that he started out of bed, uttering piercing cries, and thrusting his feet towards the large stove near which he lay, in the hope of obtaining some relief from the pain he was suffering.*

When the violence of this paroxysm (for it was truly such) had in some measure subsided, the patient was replaced in bed; and though still suffering severely from acute pain, and evincing by his cries and his actions a strong degree of vitality, it was observed with surprise that the action of the HEART had apparently ceased, and that no pulse was to be detected at the wrist or any other part of the body.

Whether this cessation of the heart's action had preceded, or accompanied, or followed the attack of spasm, it is now impossible to say; for that attack was too sudden and too violent to admit of any examination being made, until it was too late to determine the question in this instance.

Nor has any opportunity since occurred of prosecuting the inquiry in a satisfactory manner, or of ascertaining whether a paroxysm of vomiting or purging, without cramp, is ever preceded or accompanied, or immediately followed by a similar event: nor will the true connexion between these various phenomena (cramp, vomiting, purging, and suspended pulsation) ever be detected, until opportunities for quietly watching the natural progress of the disease through all its

* In this paroxysm an attempt was made to relieve or extinguish the spasms in the calves of the legs, by the application of tight ligatures (twisted handkerchiefs) to those parts, and with such effect, that the patient, on the following day, mentioned the circumstance, and spoke of it as "a fine thing for the cramp."

stages present themselves, and to men also who will have forbearance enough to take advantage of the same.

As the cramps ceased, the patient gradually became quiet, and again assumed the ghastly appearance he had presented on admission. It was determined, therefore, to repeat the mustard emetic, and this measure, on being carried into effect in the manner already detailed, was again followed by similar results; namely, copious vomiting, and, immediately after that, restoration of the pulse, and of the natural colour to the lips*.

From this time, about 4, p. m., until the evening, it was not deemed necessary to do more than maintain a due degree of warmth about the patient, and administer to him, in small quantities, and at regular intervals, some warm drink †.

At 8, p. m., the temperature of the skin was natural, and the pulse about 90, soft and distinct. As a slight attack of cramps in the legs had, however, been experienced some time before, it was deemed prudent to exhibit an opiate, (Tinct. Opii. 40 drops,) to which ten grains of calomel were added, to guard against constipation, &c.

2. On the following day (15th Dec.), the pulse was at 80, and still soft and distinct, the temperature natural, and the countenance much improved; but there was some confusion of thought, the epigastrium was still tender on pressure, and the tongue, though moist at the edges, was dry and rough in the centre.

In fact, fever was setting in, and though during this and the following day, very little change took place in the state of the patient, yet on the 17th it became evident that his situation was very precarious, for the head was manifestly more affected than before, and the secretion of urine, which had never been freely restored, was now almost entirely suspended. Towards the evening of this day also some delirium was observed, which terminated on the following morning in coma, and that towards the same evening in death; viz. on the 18th.

Whether that event might have been retarded or prevented by any mode of treatment different from that adopted towards the patient during the febrile stage, is a question it must be always difficult to answer. But candour obliges those who had the management of the case, to acknowledge that their own conviction *now is*, that blood ought to have been abstracted on the evening of the 14th, or morning of the 15th inst., when reaction was completely established. The progress of the disease would thus, in all probability, have been rendered more manageable, and the tendency to coma, which marked its termination, have thus perhaps been more effectually obviated.

(Signed)

OWEN LINDSEY, M. D.

Deputy Inspector Gen. of Hospitals.

Sunderland, Dec. 31, 1831.

FRS. MACANN, M. D. *Staff Surg.*

* It should have been noticed, that about this time, 4 o'clock, a copious liquid stool, manifestly containing feculent matter, was passed by the patient, who rose from the bed for the purpose.

A similar effect, the passing of a feculent stool, has been observed to follow the exhibition of the mustard emetic in other cases of Cholera here.

† Barley-water, with about a fifth part of brandy, as before.

IMPORTANT SANITARY RECOMMENDATIONS.

*Central Board of Health, Council Office, Whitehall,
10th January, 1832.*

THE Central Board of Health most earnestly exhort magistrates, overseers, and all the authorities of parishes in the North of England, to abstain, as much as possible, from the removal of paupers whenever their state of health is attended with suspicious circumstances.

They further recommend, that the health of all paupers and vagrants, who may come into any parish, may be most carefully attended to; and if any of them should be afflicted with symptoms of disease, that they may be lodged separately, and supplied with medical attendance, and every thing necessary. In case of diseases it will be advisable, also, that their bedding and clothes should be placed in an oven or stove, heated to 212 degrees of Fahrenheit, or immersed in boiling water, as the most effectual means of disinfection.

By order of the Board,

W. MACLEAN, *Sec.*

EXTRACT OF A LETTER TO A MEMBER OF THE CENTRAL BOARD.

Newcastle, Jan. 8th, 1832.

NOTWITHSTANDING the active measures of the Board of Health, and the large sums of money expended in white-washing and cleansing the confined parts of the town, the streets are still in the most filthy state, and must continue so, as long as they form the cess-pool of every house, and the inhabitants remain in the degraded and loathsome state in which they are at present. As regards the treatment of the disease, there is still a great discrepancy of opinion amongst the general practitioners here,—each has a mode to advocate, each a panacea on which to pin his faith; but in the hospitals, the chief dependence is placed on the mustard emetic; small doses of calomel, and injections of warm water, sufficient to fill the colon, have been found very efficacious in restoring heat.

The following two cases have fallen under my own observation, and as they perhaps may show the contagious nature of the disease, or, at least, the liability to it, without any previous illness, I have thought them worth relating to you.

1st. Mary Drummond, about 40 years of age, in good health, attended on Tuesday, the funeral of Mrs. Whittingham, who died on Sunday last, was taken ill immediately after, with vomiting and purging, and died in six hours.

2nd. Williams, ætat. 21, a ploughman, of temperate habits, and robust health, was seized while standing in the street, the day after his

arrival at Newcastle, with the usual symptoms of Cholera, and died in a few hours, in a state of collapse.

There are two sisters at present in the hospital at Gateshead, and in separate wards, in which the febrile action after collapse has taken the type of scarlet fever ; five of this family while living in the same house were attacked, and three died of Cholera.

REMARKABLE CASE OF CHOLERA, DESCRIBED IN AN OFFICIAL REPORT FROM THE CHAIRMAN OF THE BOARD OF HEALTH, DONCASTER.

Dated the 9th January, 1832.

ON the evening of Friday, the 6th January, two sailors arrived in Doncaster, one aged about thirty, the other about twenty, and stopped for the night at Flintham's lodging house, in Marsh Gate. From the account of the survivor, which, however, was liable to suspicion, from his giving different statements, they had resided five months at Stockton, which place he said they left six weeks ago, wandering since about the country, and having been at Hull, Leeds, Wakefield, and other places. The two men arrived here apparently in good health, and after eating a hearty supper of fried beef and potatoes, retired to rest. At six o'clock next morning, the younger of the two, a stout healthy man in appearance, was seized with purging, and went twice to the privy. He returned to bed, where he remained until daylight, when he arose not much indisposed, and, after breakfasting on coffee, started with his companion on the way to London, for the purpose, as was said, of joining the India fleet. They arrived at Balby, one and a half mile from Doncaster. There they asked alms, which were refused at one of the houses ; on which the younger man, in much exhilaration of spirits, said to his companion,—“ Jack, we shall have better luck at the next place.” No sooner had he uttered these words, than he fell down, as his companion believed, dead. In a short time he revived, and took half a cup of milk, furnished at a house in the village. He returned to Doncaster, which he reached with great difficulty in about two hours. At the poor-house there some gin was given him ; and his comrade carried him on his shoulders back to Flintham's lodgings, where the patient was attended by four members of the Medical Board of Health, and presented the following appearances :—Great prostration of strength ; the whole surface of the body presenting a leaden hue ; no pulse at the wrist ; pulsations at the heart not exceeding twenty in a minute ; tongue and breath cold ; surface of the body cold and clammy ; great oppression of breathing ; spasmodic cramp over the whole body ; insatiable thirst ; constant praying for cold water ; stools, liquid without fœtor, like rice water, passing involuntarily ; no urine passed ; severe vomiting, with violent spasms.

Stimulants externally and internally were administered. Hot air

baths and every other means were employed without success. The man gradually sunk, and died at two o'clock in the morning of the 7th.

J. BRANSTON,

Chairman of the Doncaster Medical Board of Health.

Two hours before death, the patient was lying on his back in a state of apparent asphyxia. No snoring nor rattling; great congestion, especially about the heart and lungs; body of a deep blue tint, as if dipt in a solution of indigo; ten heavy pulsations only at the heart within a minute, the chest heaving four times in the same period; muscles for the most part rigid: cold moisture pervading the skin, and a heavy fœtor emanating from the person; breath chill; tongue protruding from the mouth, and cold as marble.

COMMUNICATION FROM THE CHAIRMAN OF THE BOARD OF
HEALTH, HADDINGTON.

Board of Health, Haddington, January 9, 1832.

SIR,

A PARAGRAPH having appeared in an Edinburgh paper of the 7th instant, (concerning the interment of a man who died of Cholera here some days ago), of a nature likely to prejudice the minds of the ignorant, and to warrant inquiry on the part of the Central Board of Health, it appeared right to this Board to procure from the medical gentlemen who had been present, a detailed statement of the case in question, which I now have the honour to transmit to you, with a copy of the paragraph alluded to, in order to remove any imputation which might thereby be cast upon those concerned.*

I am, Sir,

Your most obedient servant,

R. STEUART, *Chairman.*

W. MACLEAN, ESQ.

Secretary, Central Board of Health, London.

December 31, 1831.

SAMUEL PEARSON, aged 42, by trade a shoemaker, of a spare habit, and reported sober, though there are grounds for doubting the report; is the husband of, and lived in the house with, the woman Sandy (who died some days ago) during her illness.

31st Dec. five o'clock, a. m.—Visited by Dr. Lorimer and Dr. J. Burton; had been attacked at half-past three with vomiting and purging, accompanied with pain of abdomen, and much thirst; to allay which, he had taken frequent large draughts of cold water,

* The paragraph in question will be found in the supplementary part of the present number of the Cholera Gazette.—ED. C. G.

vomiting them as soon as taken. Reported to have had three alvine evacuations. The appearance could not be satisfactorily ascertained. The countenance is of an ashen livid hue; features shrunk; eyes sunk far in the head, surrounded with a dark livid areola, half closed and turned upwards; breathing difficult, with much oppression of chest; headache; tongue white, severe thirst, and urgent craving for cold water; hands cool, and daubed with cold sweat; severe cramps in the legs, and spasms in the arms and fingers; pulse not to be felt at the wrist, and but indistinctly far up the humeral artery. Was immediately bled to six ounces, which was all that could be got from two veins at the bend of the arm.* Sinapisms, with oil of turpentine, were applied to the abdomen and feet, and friction of the legs with oil of turpentine were ordered; at the same time he had a draught, containing sixty drops of æther, and the like quantity of tincture of opium. A wine-glass of brandy and hot water to be repeated every half hour.

Twenty-five min. past seven, a. m.—Vomiting has ceased, but continues to retch frequently. Coldness of surface increasing, cramps continue severe. A flannel cloth, dipped in boiling water, and covered with oil of turpentine, to be laid over the abdomen: did not complain of pain from the application.

Nine, a. m.—Continues to get worse; has passed no urine; cold sweat over all the body; no motion or vomiting.—Hab. statmi. Submur. Hydrarg. one scrup.; Tinc. Opii, forty drops.

Twenty min. past ten, a. m.—Told by the attendants that he could not swallow the medicines at half-past nine, and died without convulsion at ten minutes past ten o'clock.

JOHN BURTON, M. D., *Sec. Med. Board.*

ROBT. LORIMER, M. D.

Five min. past eleven, a. m.—Have just been called at the request of the attendants, in consequence of the person engaged in arranging the body having become alarmed by a convulsive action of some of the muscular fibres, particularly of the left arm, which was twitched across the breast. When I arrived, I found Dr. Cruikshank already there; and we observed convulsive action of the lips, neck, and fibres of the deltoid and pectoral muscles on the right side. No pulsation could be felt over the region of the heart, and the function of respiration had ceased, as a mirror held to the lips was not soiled. After remaining for half an hour, we gave orders that the warm applications, which had been removed, should be reapplied, the clothes heaped upon the body, and that it should be left undisturbed, and closely watched for an hour; also, that if any similar symptoms appeared, we should be sent for. The nurse who dressed the body, and assisted in putting it into the coffin, assures me that it was not touched for one hour and a half after we left, and there was not the least appearance of any similar phenomena.

JOHN BURTON, M. D.

* Passed some limpid urine during the visit.

RETURN OF CASES OF CHOLERA FROM NEWCASTLE,
RECEIVED JAN. 8.

1. BARBARA TAYLOR, of Sandgate, a blind old woman, living with her son-in-law, of feeble health, and sober habits, was seized on Dec. 8th and died on Dec. 9th.—Had diarrhoea for several days before the true choleric symptoms appeared, and was not seen till they had lasted twenty hours,—could not be traced to contagious origin.
2. THOMAS TATE, of Quayside, a porter, of good health, and moderately sober, was attacked on Dec. 22nd and died Dec. 24th.—Bleeding, calomel, and opium, were found beneficial in relieving the diagnostic symptoms, and restoring the secretions of the liver and kidneys in Tate's case. After having apparently arrived at a state of convalescence, his constitution, probably from his advanced age, seemed unequal to carry him forward to recovery, and he gradually sunk as if from exhaustion.
3. MARGARET WALKER, of Lennoud Vale, husband a printer, employed in her family, of delicate health, and sober habits, was seized on Dec. 25th and died on Dec. 26th.—This case (which was not seen until about eight hours after the attack, and was characterised by all the worst symptoms,) was remarkable, as regarded the apparent cause. Her place of residence is a small village, a mile and a half from Newcastle; no communication whatever with any Cholera patient, direct or indirect, could be traced; but an hour before the attack, she was greatly agitated by hearing of the death of her sister, at Hartley, a distance of eight miles, from the same disease. She had a large family of nine children, who, together with herself and husband, resided in a single room. No others of the family, nor in the village, have been affected with the Cholera.—Jan. 7th.
4. THOMAS TAYLOR, of Monk Street, horsekeeper, of delicate health, and sober, was seized on Dec. 26th, and convalescent on Dec. 28th. This case appeared nearly hopeless, asphyxia complete, with blue, shrivelled extremities, cold tongue, and breath, &c. The stimulus of a large injection (three pints) of water, containing a solution of soap, thrown with considerable force into the intestines, as warm as could be borne, appeared very useful in inducing reaction. The same means have been tried in other cases with much benefit.
5. CATHARINE BOGUE, of Pilgrim Street, hair-dresser's wife, employed in her family, of delicate health, and sober, was seized on Jan. 3rd, and convalescent Jan. 6th. There is good reason to believe that a free bleeding at the commencement of Catharine Bogue's attack contributed greatly to mitigate its severity.

None of the above cases could be traced to a probable source of contagion.

(Signed)

T. M. GREENHOW.

RETURN OF CASES OF CHOLERA FROM NORTH SHIELDS AND TYNEMOUTH, RECEIVED JANUARY 9, 1832; FOR THE INFORMATION OF THE LORDS OF HIS MAJESTY'S MOST HONOURABLE PRIVY COUNCIL.

District, North Shields and Tynemouth, January 9th, 1832.

No.	Name and Sex.	Residence.	Employment of Patient; or of Parent or Husband, in the Case of unemployed Children or Females.	Previous Health and Habits.	Date of Seizure.	Event, and Date.
1	Dennis Mc Guir	Clayton's Yard	Mendicant	Intemperate	{ 1831, } { Dec. 10th }	{ Cured } { Dec. 24 }
2	Jane Whateley	Church Way	Widow	{ Delicate and somewhat intemperate }	„ 10th	Died, 11th
3	Mc Guir's Wife	Clayton's Yard	Mendicant	Intemperate	„ 13th	Died, 14th
4	Jane Arkell	Milbourn Place	Wife of a Pitman	{ Subject to liver disease }	„ 19th	Died, 19th
5	Jane Stephenson	Coble Dean	„	Temperate	„ 19th	Died, 19th
6	Mrs. Brodie	Milbourn Place	{ Wife of a } { mr. Mariner }	Ditto	„ 19th	Died, 19th
7	Mrs. Mc All	Ditto	Ditto	Ditto	„ 20th	Died, 20th
8	Thomas Logan	Clayton's Yard	Pauper	Intemperate	„ 20th	Died, 21st
9	Thomas Jobling	On Shipboard	Sailor	Not known	„ 21st	Died, 21st
10	Thomas Hedley	Union Court	Razor Grinder	Intemperate	„ 21st	Died, 22nd
11	Andrew Parties	Church Way	Shoemaker	Ditto	„ 21st	Died, 29th
12	Mrs. T. Walton	Bull Ring	Publican	Temperate	„ 22nd	Cured, 29th
13	Jane Dodds	Servant to N. 12	„	Ditto	„ 22nd	Cured, 29th
14	Ann Whitfield	{ Cooper's row } { Milb. Place }	{ Wife of a } { Waggoner }	Ditto	„ 26th	Cured 31st
15	Jane Cook	Ditto	{ Wife of a } { Trimmer }	Ditto	„ 26th	Cured, 29th
16	Jas. Mc Kan	Bedford Street	Gardener	Ditto	„ 26th	Cured, 28th
17	Elizabeth Brown	Hewden	{ Wife of a } { Carpenter }	Ditto	„ 27th	Cured, 31st
18	Ellen Brown	Ditto	{ Daughter of } { a Trimmer }	Ditto	„ 27th	Died, 31st
19	Abram Robson	Pit Row	Pitman	Ditto	„ 31st	{ 1832, die } { Jan. 1st }
20	John Gray	Clive Street	Shoemaker	Ditto	{ 1832, } { Jan. 1st }	Died, 1st
21	John Peverley	Church Way	Blacksmith	Ditto	{ 1831, } { Dec. 27th }	{ 1831, die } { Dec. 29th }

General Remarks on Treatment, Appearance after Death, and Apparent Origin, in any of the above Cases.

- No. 1. Had been at Sunderland the day before the attack. Took calomel, opium, and stimulants.
- No. 2. Took calomel, opium, ammonia, essential oils, camphor, &c., with brandy at intervals. Appearance after death; skin livid, brain somewhat congested with blood, heart overloaded, liver gorged with blood, gall-bladder distended, gall-ducts impervious, urinary-bladder contracted. The origin could not be traced to any infected source.
- No. 3. No arterial action from the beginning. Took a mustard emetic, followed up by calomel and opium, and effervescing draughts with ammonia.
- No. 4. Had been at Newcastle the evening before the attack, which took place at four in the morning. Took æther, ammonia, and laudanum, with brandy, and had hot air-bath and friction; no re-action took place.
- No. 5. In a complete state of collapse, when first seen; calomel, opium, and stimulants, application of heat and friction; no re-action.
- No. 6. Had been attending the funeral of a relative who died of Cholera. Treatment, calomel, opium, stimulants, external application of heat and friction; no re-action.
- No. 7. Could trace no communication with any suspected source; no arterial action; treatment, as No. 6.
- No. 8. This person was nurse to No. 1, and his wife No. 3; complete collapse from the commencement of the attack; treatment, similar to No. 6 and No. 7; no re-action took place.
- No. 9. Complete collapse from the commencement of the attack; treatment, similar to No. 8; no re-action; and died in less than five hours.
- No. 10. Had been at Hartley, an infected place, on the day of the attack. Treatment, temporal artery opened, no blood flowed, complete state of collapse; similar remedies as No. 9, and vapour bath.
- No. 11. Bleeding, and the application of heat to the surface; calomel and opium, followed by castor-oil, and antiphlogistic treatment afterwards. Typhus-fever supervening after recovering from the first symptoms. This man lodged in the same house with No. 2.
- No. 12. Bleeding was resorted to immediately, which produced re-action; calomel, opium, and antiphlogistic treatment.
- No. 13. Bleeding as above, with similar effect; the same after-treatment.
- No. 14. Had visited a neighbour labouring under Spasmodic Cholera, was bled, which produced re-action. Took calomel, opium, ammonia, castor-oil, and had the external application of heat.
- No. 15. Had been at a place where a patient had died of Cholera, was bled, which produced re-action. Took calomel, opium, and castor-oil.
- No. 16. Was bled, which produced re-action. Took calomel, opium, followed up by castor-oil. Origin could not be traced.
- No. 17. Had visited a relative who died at Newcastle a short time previous of Cholera; was bled, which produced re-action. Took calomel and opium, followed by laxatives, and the external application of heat.
- No. 18. Had communication with No. 17, who was her sister; was bled, some slight re-action; calomel and opium followed by laxatives; warmth applied to the surface, sinapisms to the stomach; gradually sunk.
- No. 19. Was bled, application of heat to the surface. Took calomel and opium, ammonia, and essential oils, sinapisms to the stomach, prevented from using other means, owing to the prejudice and obstinacy of the parties connected with him; had some communication with Cooper's Row, an infected district.
- No. 20. Took calomel, opium, and stimulants, with the external application of heat; no re-action took place.
- No. 21. Attended by a quack, no report of treatment.

J. W. MAYSON,

SECRETARY.

REPORT UPON THE REPUTED DISINFECTING AGENCY OF CHLORINE GAS.

Board of Health, College of Physicians, November 16, 1832.

SIR,

I HAVE the honour of transmitting you, for the information of the Lords of His Majesty's most Honourable Privy Council, the Report of the Board of Health, on the disinfecting power of Chlorine Gas, with which the labours of that Board have terminated. I have the honour to be, Sir,

Your most obedient servant,

EDWARD S. SEYMOUR, M. D.

C. C. GREVILLE, Esq.
&c. &c. &c.

[REPORT.]

THE attention of the Board of Health was directed immediately upon its appointment, to the action of chlorine gas upon hemp and flax, and also to its employment as a disinfecting agent in hospitals. The consideration of that subject was, however, soon suspended by the pressure of more urgent and important matters; these having now been disposed of, it has been resumed, and the result of the former experiments, performed under the inspection of different Members of the Board, together with the conclusion which the Board have unanimously adopted upon this important subject, are now submitted to their Lordships.

The evidence before the Board on the employment of chlorine, has reference to two distinct points. 1st. To the means by which it may be caused to penetrate hemp and flax, without injury to the fibre.

On this point two gentlemen have made experiments, Dr. Ure and Mr. Finchem.

In the experiments of Dr. Ure, in which the chlorine was generated in a retort, by adding dilute sulphuric acid to chloride of lime, the fibre of the hemp exposed to the action of the gas was totally destroyed.

Mr. Finchem operated with the chlorine (slowly evolved from a solution of the chloride of lime) upon various portions of hemp, weighing from a few ounces up to 400 pounds, tied up and pressed very tightly, and, according to the testimony of Sir William Pym, a Member of the Board, and of Mr. Stone, the principal officer in Chatham Dock-yard, the fibre was not in the least injured.

Samples of the hemp so treated were likewise submitted to Mr. Faraday, and that gentleman thought the results were favourable, for the hemp appeared to have been penetrated, without injury to the fibre.

The next point to which the attention of the Board has been directed, viz. the disinfecting powers of this gas, is one of great difficulty. Upon this subject the Board have requested the opinion of the physicians of the largest hospitals in London. Of these, Dr. Gregory,

the physician to the Small-Pox Hospital, and Dr. Tweedie, one of the physicians to the Fever Hospital, are of opinion that the use of chlorine gas has had no effect in preventing the spreading of contagious fever in their hospitals.

Dr. Roupell, physician to the Seaman's Hospital, in a late fever which existed in that institution, did not find that the use of chlorine gas prevented the disease from spreading to other patients, and to several of the nurses in the hospital.

Drs. Latham, Bright, and Elliotson, physicians to St. Bartholomew's, Guy's, and St. Thomas's hospitals, report, that they place their sole confidence in free ventilation, and in taking care to put fever cases as little as possible in adjoining beds. They have no observations to offer on the properties of chlorine gas, as a disinfecting agent.

Mr. Robertson, surgeon to the convicts' hospital ship, "Canada," at Chatham, is of opinion, that the chloride of lime is eminently useful in preventing the extension of infectious disease.

A very able letter, from Mr. Macintosh of Glasgow, to Mr. Warburton, has been transmitted to the Board, and amongst other observations mentions, on the subject of the use of chlorine gas, and of the chlorides, the opinion of Dr. John Cowper, one of the most eminent medical practitioners in Glasgow. This gentleman has had the most extensive opportunities of trying their effects, particularly during the prevalence of two epidemics in that city, in 1821, 1822, and 1827.

From the result of his observations, Dr. Cowper is decidedly of opinion, that the chlorides possess no power or efficacy whatever, in destroying infection. It should be mentioned, that the experiments of this physician were made in the vicinity of the largest manufactory of chloride of lime in the kingdom, viz.—that of Mr. Tennant, of Glasgow, and chiefly upon individuals living within the immediate influence of the fumes of this substance,

With reference to Cholera, as it has appeared in the north of Europe, all the authorities that have been consulted (which are chiefly the reports of Sir William Crichton, of Dr. Albers, and Dr. Jœnichen, one of the principal Russian physicians), agree in stating that chlorine gas has been very extensively employed in the chambers of the sick, and in hospitals crowded with patients ill of this disease, without preventing the spreading of the infection.

There is no doubt whatever, that chlorine gas is quite efficacious in destroying smells arising from filth or from putrid effluvia.

The evidence above detailed, appears to the Board quite conclusive on this point, that chlorine gas is utterly inefficient in preventing the spreading of contagious diseases in hospitals or other places, where there is a fresh supply of infection continually emanating from patients labouring under such diseases; and they have further to remark, that its employment in such way would be decidedly injurious, if interfering with that free and thorough ventilation, which is more essential than any other condition whatever, to the healthy state of these establishments.

As to the power of this gas to disinfect suspected articles of clothing or merchandise, the Board could obtain no direct evidence to guide

their opinion. There are a few scattered statements in periodical publications, and a pamphlet of Mr. Fincham's, which bear upon this point. In 1824, a Medical Commission was sent by the French Government into Egypt and Syria, for the express purpose of deciding this question.

In the report of this Commission, as given in the *Revue Encyclopædique*, XL. io. 223, it is stated by M. Pariset, in a letter, dated Tripoli, 28th June, 1829, that he bought several articles of apparel, which had been taken from the dead bodies of persons who had died of the plague; these were first plunged into fresh water, to free them from the excess of filth, and then steeped for sixteen hours in a solution of three pounds of the chlorides of lime and soda in fifty pounds of water; they were then wrung out and dried in the sun. M. Pariset and three other Commissioners wore these clothes next their skin, without experiencing the slightest ill effect.

It may be said that probably the same result might have followed, had these articles been kept for the same length of time in pure water, and afterwards dried in the open air, without the aid of the chlorides; for by ablution alone, it is believed in all the Levant, that contagion is destroyed.

But water alone, or mixed with those chlorides, would prove ruinous to many articles of merchandize. The Board, therefore, thought it desirable to institute a direct experiment to try whether chlorine gas, diluted with atmospheric air to such an extent as to cause no injury whatever to the fibre of hemp or flax, would destroy the contagious nature of small-pox matter, which (it may fairly be affirmed) retains its specific properties for as long a period of time as any other known contagion; and was, in fact, the only one within the reach of the Board.

Through the favour of Dr. Gregory, some small-pox matter, both on glass and on linen cloth, was procured from the Small-Pox Hospital. This was divided into parcels, one of which, No. 1, was immersed for three hours in a vessel containing one volume of chlorine gas, and twenty-four of atmospheric air. The other, No. 2, was immersed for the same time in a vessel in which there was only one-fiftieth volume of chlorine gas. This process was conducted by Mr. Faraday: with No. 1, the following trials were made: with the point of a lancet three long scratches were made on the arm of a child, so as to draw blood; a piece of the linen cloth (having still adhering to it much of the matter in which it had been soaked) was placed over the wounds, and bound on the arm by a strap of adhesive plaster. Two other persons were inoculated in the usual manner, in six places, with the matter on glasses, which was previously scraped together into a small heap, and moistened with a little water. All these failed to produce any disease. With No. 2, four individuals were inoculated with the same matter, in three places in each arm, with no other effect than a slight degree of inflammation round some of the punctures. All these seven persons have since been vaccinated, and have had the disease in the most perfect and regular way; thus shewing their susceptibility to have taken SMALL-POX, had not the virus been deprived of its contagious quality by the influence of the chlorine gas.

Another supply of small-pox matter was obtained from the Small-Pox Hospital, part of which was exposed for three hours, by Mr. Faraday, to diluted chlorine gas, in the proportion of one volume in a hundred of atmospheric air: with this matter two children were inoculated in three places on each arm, without any effect; both these children were afterwards *vaccinated*, and had the disease in a perfect manner.

These are the only experiments which give any countenance to the notion, that chlorine gas has any power in destroying contagion. It ought to be observed, that two portions of hemp were subjected to the same proportions of chlorine gas and atmospheric air, and are reported by Mr. Stone to be uninjured. Before concluding this subject, so important to the interests of commerce, the Board beg to call the attention of their Lordships to some experiments recently made by Dr. Henry, of Manchester, one of the ablest scientific chemists of the present day, "On the disinfecting Powers of increased Temperature, with a view to the suggestion of a Substitute for Quarantine."

They are published in the "Philosophical Magazines and Annals;" October, 1831.

In the name of the Board,

HENRY HALFORD, *President*.

Nov. 17, 1831, *Col. of Phys.*

DETAILS OF A SEVERE CASE OF CHOLERA AT HADDINGTON.

Board of Health, Haddington, 11th Jan. 1832.

SIR,

A CASE of Cholera having last night occurred, which terminated fatally under rather unusual circumstances, and with more than ordinary rapidity, I have thought it right to direct a statement of it to be made, which I have now the honour to transmit. The man was male nurse at the Cholera hospital. It also worthy of remark, that one of the cases in this day's report, is an infant four months' old.

I am, Sir,

Your most obt. Servant,

R. STEUART, *Chairman*.

W. MACLEAN, Esq.

Sec. Central Board of Health, London.

CASE.

JAMES CHEAP, ætat. 56, hospital attendant, stout make, and temperate habits, has complained of pain in the bowels, with diarrhœa, for three weeks past, which has been worse during the last three days. From his wife it is ascertained that he has been subject to these complaints for twenty years: the attacks coming on monthly, and lasting for a few days each time. About ten years ago he had an attack of lock-jaw, which came on suddenly without any previous injury, and at a time when he was otherwise in his usual health. During the last two days he has taken anodynes, which partially checked the purging, until the afternoon of this day, when it again became more frequent

and watery, and he was attacked with vomiting, to which cramps and coldness of the extremities were superadded, about six, P. M., when he was visited. When seen he was in bed; countenance pale and anxious, and covered with perspiration, which, indeed, bedewed the whole surface of the body. Complains of severe pains along the course of the spine, and also of the abdomen, upon its being pressed. Jactitation excessive; pulse 100, feeble, but distinct at the wrist; tongue white. Passed several watery stools in bed during the visit.

He was immediately bled, and about sixteen ounces of blood obtained, by covering the arms with cloths dipped in hot water, and sham-pooing. The blood, which never flowed freely, was dark coloured and thick at first, but improved in appearance after the operation. A draught, with brandy, and fifteen drops of laudanum, was administered, and retained, after the stomach had been emptied by a mustard emetic. The brandy, with ten drops of laudanum, was repeated, and a sinapism applied to the abdomen, while the region of the spine was rubbed with ammoniated oil of turpentine, and hot salt bags applied to the feet and legs. About half-past eight, when engaged in preparing an enema foetidum, his wife came to say that he was dead, and on going immediately into his room, he was found lying insensible (though left perfectly collected and sensible) with his head thrown forward over his left shoulder, his eyes open, and pupils dilated and insensible to light, grinding of the teeth, hiccough, and pulse strong in the carotid artery; he became gradually fainter, and died in about ten minutes.

Note.—It may be worthy of remark, that the matter vomited was the undigested food taken yesterday, as he had taken no similar food this day. No appearance of re-action was produced by the treatment adopted. His wife asserts that he has been much annoyed with painful affection of the head since the attack of lock-jaw.

Extracted from the Hospital Case Book, by order of the Board of Health.

JOHN BURTON, M.D.

Secretary to the Medical Board.

Haddington, 10th January, 1832.

NEW CASE OF CHOLERA AT MORPETH.

Morpeth, Jan. 12. 1832,

SIR,

I REGRET to intimate that another fatal case of strongly-marked Spasmodic Cholera has occurred in this town, being the second case from the 31st ult., both of which have terminated fatally. The sufferer, a stout, hale, young man of twenty-four, a commercial traveller, arrived from the south, at Newcastle-on-Tyne, where he remained three days, in which time he visited some of the neighbouring villages where Cholera was prevailing, but had not been in any house where the disease actually was; on the third day, previous to leaving Newcastle, he complained of cold and shiverings, which, on arriving at Morpeth, on the same evening, the 10th inst., were much increased. Vomiting and purging took place during the night, attended with the most

powerful spasms of the extremities ; and sinking of the vital powers rapidly followed.

The nature of the evacuations, the blueness of the skin, with the violence of the spasms, the collapse of the features, and shrivelling of the fingers, were strongly marked in this case. He expired at one o'clock on Wednesday morning, fifteen hours after being attacked, and was interred the same evening ; it may be necessary to add, that for two or three days previous to his decease, he had been rather intemperate.

I have the honour to be,

Sir,

Your most obedient servant,

WM. TROTTER, M.D.,

Chairman of the Board of Health at Morpeth.

*To the Chairman of the Central
Board of Health.*

CHOLERA AT NEWBURN.

Newcastle, Jan. 11, 1832.

SIR,

I HAVE to acquaint you, for the information of the Central Board, that a communication was this day made to the Board of Health at this place, by Mr. Joseph Lambe, director of extensive glass works at Leamington, in this county :—"That the epidemic Cholera had extended itself considerably into the parish of *Newburn*, and that upwards of *twenty* deaths had already taken place in the parish from this cause alone."

According to Mr. Lambe, the disease first appeared in the parish about ten days ago, and was still extending itself. There is no want of means, however, either pecuniary or medical, nor any grounds for alarm of a public nature, as the population of the parish is scattered over a very extensive district.

Nevertheless, Colonel Creagh and I agreed it would be proper to visit the principal village, Newburn, for the purpose of making some arrangements relative to the sending in of Reports, &c. ; but Mr. Lambe informed us this would be entirely useless, unless arrangements were previously made to call the medical men together, which he has undertaken to attend to.

It may be proper to add, that Newburn is a large village on the banks of the Tyne, situated about five miles from Newcastle ; that the parish is very extensive, (above five miles by five according to our information), and contains upwards of 5000 inhabitants.

I have the honour to be,

Sir,

Your very obedient servant,

FRS. MACANN, M.D.

WM. MACLEAN, Esq. *Sec. Central Board.*

Central Board of Health, Council Office, Whitehall, 14th Jan. 1832.

Place.	Date.	New Cases.	Dead.	Recovered.	Remaining.	Total Cases from commencement of Disease.	Total Deaths from commencement of Disease.
Sunderland - -	12th Jan.				1	533	201
Newcastle - -	..	14	6	16	79	673	210
Gateshead - -	..	2	2	2	26	369	126
North Shields and Tynemouth }	..	4	2	1	14	53	22
South Shields and Westoe }	..	1	1	3	1
Houghton-le-Spring and Vicinity }	..	4	1	4	19	99	33
Walker Colliery and Township }	11 & 12	7	4	5	2	Not	stated.
Morpeth - -	12th	1	1	2	2
Haddington and Vicinity, N.B. }	11th	4	2	..	6	47	18
		37	19	28	147	1779	613

No Reports from Newburn, Wallsend, and Seghill.

(Signed)

W. MACLEAN, Sec.

It is requested that all letters for the Central Board of Health may be sent under cover, addressed to "the Clerk of the Council in Waiting, Whitehall, London," with the words "Central Board of Health" in the corner; as intimated in the Gazette of the 15th November last.

Central Board of Health composed of the following Gentlemen:—

The Hon. E. R. STEWART, *Chairman.*

Sir WM. PYM, K.C.H., *Superintendent General of Quarantine.*

Lieut. Colonel JOHN MARSHALL.

Sir WM. RUSSELL.

Sir DAVID BARRY.

Major R. MACDONALD.

W. MACLEAN, *Secretary.*

(Signed)

W. MACLEAN, Sec.

Supplement

TO

THE CHOLERA GAZETTE.

LONDON, SATURDAY, JANUARY 14, 1832.

THE slow but steady progress which the Epidemie Cholera continues to pursue in the North of England; the mortality it has therein already occasioned; and the approaching return of the season, which, in the experience of other nations, has been found to favour its extension, concur with many other reasons, to render it essential that the public should be placed in possession of such useful information, whether medical or statistical, as the Central Board of Health has hitherto been enabled to accumulate, and still continues to receive. The Board has therefore decided, that a selection of the documents officially laid before them, shall occasionally be published in the form, and under the appellation, of the "Cholera Gazette."

In addition to these documents, permission has been given, that intelligence of sufficient value and duly authenticated, though not derived from strictly official sources, may be published in the Gazette in a supplementary form, under the superintendence of a gentleman practically conversant with the disease. The Cholera Gazette will, therefore, consist of two principal sections; the first containing the official papers communicated by the Central Board, and authenticated by the signature of their secretary; the second or supplementary, for which the Editor alone is responsible, embracing any commentaries he may deem it expedient to offer on the official information; replies to rational and useful queries on which explanation may be desired; and such other articles as may be legitimately inserted, without involving the Gazette in unsuitable personalities, or controversial disputes.

In giving their sanction to the publication of the Cholera Gazette, the Central Board of Health has followed the precedent afforded by the sanitary authorities in many of the capitals of the European nations recently afflicted with this disease.

It is happily unnecessary at present to issue the numbers of the Gazette at stated intervals ; and unless any emergency should demands its earlier publication, the second number will not appear before the 28th instant.

MUSTARD EMETICS IN CHOLERA.

WE have been favoured, by Dr. Lindsey, with the following additional observations on the treatment of Cholera by Mustard Emetics, and drawn up since his communications were presented to the Central Board of Health.

“With reference to the observations lately addressed by me to the Central Board of Health, regarding the use of mustard emetics in Spasmodic Cholera, I now beg to offer some additional remarks connected with this subject, as my former communication was not originally intended for publication.

“It is generally acknowledged by those who have had the most experience in this disease, that relieving the venous congestion, forms the principal indication of cure ; it is also admitted, that this object is best accomplished by bleeding, when it can be carried into effect ; but it too often happens, that owing to a languid, or totally suppressed circulation, the blood cannot be induced to flow in sufficient quantity to afford relief ; nor have the usual means used for the purpose of facilitating this object, such as the use of internal and external stimulants, been productive of any decided advantage.

“As it has been ascertained that full vomiting has the power of restoring the circulation, if carried into effect before the stomach has so far lost its vitality as not to be acted upon by remedies, it appears to me that the combined practice of emetics and bleeding, under these circumstances, affords a fair and rational prospect of fulfilling the indication alluded to ; as the flow of blood will be rendered more certain and effectual from the stimulus previously given to the arterial system.

“Under such impressions, I would beg to suggest, that in the commencement of the attack of Spasmodic Cholera, or as soon as the patient applies for advice, a mustard emetic be administered, and repeated if necessary, with the view of producing full vomiting. This being effected, a small portion of brandy, or any other diffusible stimulus, may be given in the patient's drink, and occasionally repeated, but only in small quantities at a time.

“When the circulation and heat of the surface are sufficiently restored, (and which may reasonably be expected soon to follow the operation of the emetic), bleeding should be resorted to, and carried to such an extent as may be deemed advisable, from the effect produced on the pulse, or according to the judgment of the practitioner.

Independent of the impulse given to the system generally, by vomiting, this operation usually has the effect in this disease, of producing bilious evacuations, which is a very important circumstance.

“The bleeding (when a sufficient quantity can be obtained), is also

productive, in addition to relieving the venous congestion, of two beneficial effects; namely, that of moderating the violence of reaction, and of lessening the tendency to cerebral affection in the consecutive fever—both of which are more easily prevented by anticipation, than combated when actually present. It may be enquired, what is to be done if full vomiting cannot be produced? In such a case I would endeavour, if possible, to bleed the patient.

“The remainder of the case I would treat in the manner recommended in my former Report to the Central Board. When, however, pain or tenderness is felt over the belly, leeches should be *freely* applied, followed by warm fomentations for some hours. A strict antiphlogistic regimen must be observed; and should the reaction shew itself in such a way as to indicate further bleeding, this must not be neglected, although it should be *cautiously* used.

“When the head becomes affected, as is too often the case in the consecutive fever, local bleeding by cupping the temples, or the application of leeches, should be employed, and ice applied to the head.

“It may be necessary to add, that a strict attention to regulating the diet of a patient during the consecutive fever, is no less essential in a state of convalescence, as I have myself observed some very marked instances of relapse of the fever, induced by irregularity in diet, all of which are well known to some friends of mine who were at Sunderland at the time. I wish it to be understood that I do not place reliance solely on the remedies just alluded to, but that I would avail myself of all other means, such as mustard poultices, frictions, heat (particularly applied along the spine, &c.) and the occasional use of stimulants when indicated.*

“No. 2. When the cramps in the limbs are severe, immediate relief is obtained by firmly tying a handkerchief round the part affected. This was first tried and recommended by Dr. Macann in a case of severe cramps of the leg, in the Cholera Hospital at Sunderland, and with very good effect, *although I am not aware of the fact.*”

ALLEGED PREMATURE BURIAL IN HADDINGTON.

WE subjoin an extract from the “*Scotsman*,” in which strong allusion is made to the peculiar circumstances of the case detailed in the communication from the Board of Health at Haddington, to the Central Board.—[See p. 21.]

“HADDINGTON.—While every precaution to prevent the spread of Cholera, which prudence can dictate, and reason approve of, is highly commendable in our present position, as respects this dreaded, and, it must be allowed, dreadful disease—there are bounds which even frail humanity would shudder to overpass, and cowardice itself shrink from with shame. The following particulars regarding a poor man who died

* “In my former report, I stated that the mustard emetic had not been used in Sunderland previous to my making a trial of it: I wish now to correct that observation, by stating that such was then the impression on my mind, but which I admit may have been erroneous.”

of Cholera last week at Haddington, place the selfish feelings of human nature in a very unfavourable light. The facts are related by a person who left the town for self-preservation, and although fear and common rumour have the effect of exaggeration in almost every instance, still we have reason to believe, there is more truth than we could wish in the statement. The unfortunate man referred to, was seized with Cholera, and died—or was given up by the doctors, which in a case of Cholera is the same thing—after a few hours' illness. The clamour to have bodies buried immediately after death, obtains to such a degree at present, that the relatives or friends of the deceased were forced to comply with the public wish, and the man was immediately invested with the usual habiliments of death. We are not aware if it be known in Haddington, that in Cholera cases symptoms of *life* often happen after death—that is, to judge charitably, nervous movements take place, occasioned by the active operation of the fatal virus, which produce the appearance of death before life is really extinguished. Dr. Crichton, who describes the symptoms of Cholera in the *Dundee Advertiser* with skilful minuteness, says, 'A medical gentleman of great authority mentioned to me, that in some cases in India he had seen violent convulsions for some time after death,—so much so that the fellow soldiers bound the lifeless limbs to the bed frame, in order to calm the timid.' Now, whether these facts were known to the Haddingtonians, our informant does not intimate, but the first thing the dead man did, was, by a sweep of his right arm, to throw the grave clothes from his breast. A few fir boards were hastily nailed together for his coffin, and he was thrust into his 'narrow house,' while his chest undulated with the spasms 'which are said to occur after death!' From the period of his reputed demise until the clouds of the valley covered him, a space of little more than five hours elapsed! Such are the particulars related by a woman who lived near the habitation of the poor man; and if they be not literally correct—as we said before, we hope they are not—still they are told for truths by persons who were on the spot where the alleged occurrence was witnessed, and deserve publicity, least any such shocking spectacle *should* take place, and be tolerated."

STATE OF THE PUBLIC HEALTH.

WE have much pleasure in stating that, excepting the districts affected by Cholera, the public health continues in the most satisfactory condition, and that the country was never more generally exempt from its accustomed endemic visitations. In a few situations, such as Alnwick, Bedford, and Glasgow, febrile and eruptive diseases have been, it is true, unusually prevalent, but so trifling in mortality, that in Alnwick, of 300 cases, there has been but one death.

We are authorised to state that, by the latest advices received from Edinburgh, no case of Cholera had occurred in that city.—Doncaster also continues free from the disease.